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| Jonathan P. Osha ROSENTHAL & OSHA L.L.P. 1221 McKinney Street, Suite 2800   |  |                            |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                |   |  |
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| APPLICATION NO.   | FILING DATE  | 1.                         | FIRST NAMED INVENTOR   | A   | TTORNEY DOCKET NO.             | CONFIRMATION NO.  |  |
| 10/616.454 07/09/2003   |  | Toru Fujita                |  |   | 04995.108001 1029              |   |  |
| TITLE OF INVENTION  |  |                            |  | •   |                                | 1   |  |
| APPLN. TYPE   | SMALL ENTITY                                       | ISSUE FEE DUE              | PUBLICATION FEE DUE  | PREV. PAID ISSUE  |                                |   |  |
| nonprovisional  | NO   | \$1400                     | \$300  | \$0   | \$1700                         | 10/09/2007  |  |
| EXAM  | INER   | ART UNIT                   | CLASS-SUBCLASS   | J   |                                |   |  |
| LEE, TOMMY D  |  | 2625                       | 358-003060   |   |                                |   |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee records to a second of this form is Note. |  |                            | or agents OR, alternati  (2) the name of a single registered attorney or a registered patent attornes in the control of the co | of a single firm (having as a member a orney or agent) and the names of up to satent attorneys or agents. If no name is a member a see will be printed.   |                                |   |  |
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|   |  |                            | d from anyone other than   | the applicant; a regist   | ered attorney or agent; or the | he assignee or other party in   |  |
| Authorized Signature  | 7  |                            |  |   | ptember 14, 200                |   |  |
| Typed or printed nam  | ne Jonathar  | n P, Osha                  |  | Registration No   | 33,986                         | <u>.</u>  |  |
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